

## MENTAL HEALTH UPDATE

September 26, 2008

### *Pieces Of History In Vermont Mental Health*

*The “Pieces of History” series in the Mental Health Update will describe key events and significant policy milestones in the evolving Mental Health Systems of Care; thus, connecting our past to the present.*

**1969** The community mental health centers that today comprise our system of Designated Agencies began acting in concert with one another in 1969. Called together by Commissioner Jonathan Leopold to help advance his vision of deinstitutionalization, the centers formed an alliance over the next several years while working to implement the goal of providing services in the community. Initially, the center directors were not self conscious as a group, heeding the call of the commissioner who set the agenda. This changed as they realized the value of meeting to discuss shared concerns, suggesting to the commissioner that *they* organize the meeting and give the commissioner a part in it. Formally incorporated as the Vermont Council of Community Mental Health Services in 1973, the Council has played an important role in the development of the community services system. One of its first initiatives was to create a uniform data base to share information with each other and with the Department of Mental Health. The Council began to organize agency program directors, business managers, psychiatrists, and other groups, establishing the tradition of meeting regularly to build mutual support and connection, share information, and advocate for programs. The legislative piece of the Council’s work became a strong component, addressing an array of mental health issues before lawmakers in Montpelier. The growth of community mental health centers into comprehensive agencies necessitated a greater degree of collaboration with the state administration, the legislature, advocates, consumers, and families, expanding the role of the Council. In 1997, the name was changed to Vermont Council of Developmental and Mental Health Services to reflect a more diverse membership. In the 35 years since the Council was officially established, it has served as the collective voice of the designated community providers on every facet of the evolving system of mental health care in Vermont.

#### **Redesign of DMH Website in Progress**

DMH is well on its way to creating a newly designed website that will be more intuitive and user-friendly. The DMH Project Leaders of this effort have developed a draft site-map and are currently meeting with various units within the Department to seek input on desired content and organizational structure. During the redevelopment work, we will be seeking input from key stakeholders to test the site for ease of navigation, clarity of content and logic of organization. A calendar listing all DMH-related public meetings

will appear on the opening page and will be updated bi-weekly. Vermont is fortunate to have so many interested parties dedicated to improving the mental health of all Vermonters. We are committed to enhancing this interest by making information about our services, current initiatives and work accessible to all. Stay tuned for more updates about this redesign project.

**But for now.....**here are some changes we have made to improve access to information on the DMH website:

- The *Bi-weekly Mental Health Update* will continue to be published every two weeks
- The “upcoming meetings” list will be made more available by its location on the opening page of the DMH website. This will be the only Department listing of upcoming meetings. Simply go to <http://healthvermont.gov/mh/index.aspx> and click on the link “Upcoming Meetings” to see the link to the Upcoming Meeting Schedule
- As soon as possible, the list of workgroups on the Futures page will be updated to reflect workgroups that are active.

## **ADULT MENTAL HEALTH**

### **Adult State Standing Committee Meets**

The State Standing Committee for Adult Mental Health held its regular monthly meeting on Monday, September 8, 2008. Committee members heard updates from Commissioner Michael Hartman on the Futures Project. He also explained the impact of the recent rescissions in the Mental Health budget. Laurel Omland, from the Child, Adolescent and Family Unit, informed the Standing Committee about the Department of Mental Health’s (DMH) proposed trauma policy (it is based on the policy adopted by the Agency of Human Services). Laurel is asking for comments on the policy until September 30. Telephone her at 652-2037 or e-mail her at [lomland@vdh.state.vt.us](mailto:lomland@vdh.state.vt.us). Paul Dragon, Integrated Treatment Program Chief, presented the draft policy on a co-occurring mental health- and substance use-capable system of care as well as joint recommendations from Alcohol and Drug Abuse Programs (ADAP) and DMH to providers on screening people for co-occurring conditions. The Vermont Integrated Services Initiative (VISI) is working to integrate health and mental-health services and substance-abuse services across a broad range of providers throughout the state in addition to providing peer supports for people with dual diagnoses. Terry Rowe, Chief Executive Officer of the Vermont State Hospital (VSH), went over the VSH policy development protocol and the Standing Committee’s role in reviewing new VSH policies. The policies are an attachment to the full set of minutes and can be viewed at:

<http://healthvermont.gov/mh/boards/adult/documents/adultstand090808minutes.pdf>

The next meeting of the Adult Standing Committee will be on Monday, October 6, 2008.

## ***CHILDREN'S MENTAL HEALTH***

### **Vermont Receives \$9 Million Grant to Support State's Youth in Transition Efforts**

The Office of the Governor issued the following press release on Tuesday, September 23, 2008:

Waterbury, Vt.— Governor Jim Douglas today announced that Vermont will receive over \$9 million to support youth in transition through a Children's Mental Health Initiative (CMHI) grant from the Substance Abuse and Mental Health Administration (SAMHSA).

Governor Douglas said the six-year grant is meant to promote the development of integrated home and community-based services and supports for transition age youth (aged 16-22) with serious emotional disturbances, and their families.

"Ensuring that young Vermonters have access to services that enable them to become self-sufficient, contributing members of society is of critical importance to my administration. I was very pleased to sign the Youth in Transition Act into law over a year ago, which provides key supports to at-risk transition-age youth until their 22nd birthday," said Governor Jim Douglas. "This federal funding will be invaluable in our efforts as we continue to strengthen our support network for all transition age youth, particularly those with severe emotional disturbances currently served by the Agency of Human Services."

This CMHI grant will enable Vermont's Act 264 State and Local Interagency Teams to build upon the successful Jump on Board for Success (JOBS) supported employment program, using it as a foundation for engaging transition-aged youth through teen centers, recovery centers, homeless youth programs, and at critical intervention points within the juvenile and criminal justice systems.

"Our Agency is aggressively enhancing our efforts to best serve transition-age youth, including expanding Vermont youth capacity at Northlands Job Corps and coordinating the efforts of our Department for Children and Families' Family Services Division and community partners to expand appropriate services," said Cynthia D. LaWare, Secretary of AHS. "Through this grant, we will significantly increase community-based supports to ensure more transition age youth are actively and productively engaged in their communities and free from incarceration."

Vermont data indicates clear correlations between youth with disabilities (such as those with severe emotional disturbance) and lower rates of high school graduation, higher rates of incarceration and less access to higher education opportunities. To better serve these youth, the Agency of Human Services created a Youth in Transition Leadership Team in 2007 to design a comprehensive, one agency approach to integrate all AHS effort

## ***FUTURES PROJECT***

### **Transformation Council**

Commissioner Hartman updated the Transformation Council on a number of policy items at the September meeting:

- Vermont State Hospital - The Joint Commission issued accreditation to VSH on September 11. CMS (Centers for Medicare and Medicaid Services) arrived on September 15 to conduct a 4-day site inspection; the results of this visit are expected within the next several weeks. The Department of Justice will return to VSH in October for its 4<sup>th</sup> review of patient treatment processes.
- SAMHSA awarded a \$9 million transitional youth services grant to DMH. This announcement followed the news that the Department had also received a \$2 million SAMHSA grant for services to Veterans and their families. A third grant application to provide services to elders with mental health conditions was not funded.
- DMH is proceeding with the 15-bed secure residential planning process. Currently three options for the facility are under consideration: new construction, renovation of the Dale Women's Correctional Facility, and renovation of the Brooks building, all on the Waterbury campus. The issue of whether or not each room should have its own bath has emerged as a key cost consideration. A key decision is whether to build a new building or renovate the Brooks or Dale buildings.

The following themes emerged during Council discussion:

1. There is need to preserve the hard won therapeutic gains at VSH and in community services by maintaining recently developed infrastructure for treatment and crisis services, quality assurance / improvement, education and training, and consumer involvement.
2. There is need to advance the integration of peer services across the community delivery system.
3. There is need to expand the concept and understanding of parity to include integration of mental health with health services at all levels of care. Currently the system does not have structures to adequately operationalize the concept of parity. Recent promising developments in this direction include the Vermont Council of Developmental and Mental Health Services' work to increase the level and integration of peer services, the DMH agreement with Magellan to provide a continuing education event for physicians on prescription of psychotropic medications, and the planning objective of the Blueprint for Health to develop service integration between mental health agencies and primary care practices.
4. The values of trauma reduction, privacy, and the need to provide an environmental ambience that promotes the feeling of Recovery should be concretely embodied in the selection of the site for the 15-bed secure residential facility. With regard to this last point, it was the consensus of the Council that the

State should select the new construction design using private baths in each room since it is the option that best reflects these values.

### **Care Management Project**

In an effort to gather information and gain insight into Vermont's mental health services system, the care management consulting team has thus far visited Designated Hospitals (Fletcher Allen, Central Vermont, Windham Center, Rutland Regional), crisis stabilization programs (Assist, Home Intervention, Alternatives, Rutland's CSID), a hospital Emergency Department (Rutland), Vermont State Hospital, and met with VPS and NAMI. As they near completion of this phase of the project, the consultants will begin to produce draft documents for review and feedback by providers, program teams, consumers, and families. At September's steering committee at HCRS, the focus was on care management structures and bed mapping. The group discussed options for collecting standardized information, accessing the system's resources through a bed availability electronic bulletin board, and self-assessment of a person's own needs and treatment preferences. By the October 14<sup>th</sup> meeting in Burlington at DMH (Room 2B) from 9:00 to 11:00, the consultants will further develop options for these management structures. Contact Judy Rosenstreich [jrosen@vdh.state.vt.us](mailto:jrosen@vdh.state.vt.us) or 802-652-2023.

## ***VERMONT INTEGRATED SERVICES INITIATIVE (VISI)***

**Third Annual Peer Conference on Co-occurring Conditions to be held on September 26 at the Holiday Inn in Rutland.** *Walk a Mile in My Shoes: Bridging peer supports and treatment services.* The Keynote speaker for this event is Mary Ellen Copeland, author and creator of the Wellness Recovery Action Plan (WRAP). Welcoming comments will be made by Cindy LaWare and Michael Hartman, and Barbara Cimaglio will host a question and answer workshop in the morning. Other speakers and workshops include Alice D'orio of the Harm Reduction Coalition, Linda Corey of Vermont Psychiatric Survivors, Patty McCarthy of Friends of Recovery Vermont and Dave Morgan of Vermont Vet to Vet. **We are so sorry but this event is now full !**

### **VISI Train the Trainers Cohort 1**

On Wednesday and Thursday, September 17<sup>th</sup> and 18<sup>th</sup>, 25 people from around the state gathered for a two day train the trainers event in Randolph. The Co-occurring Center on Excellence trained Vermont's first cohort on how to teach clinicians and case managers the basics of co-occurring mental health and substance use conditions. Each of the trainers will be going back to their organization and / or region to conduct one training within the next year. The cohort will stay together as a learning community and share ideas and tips on teaching. Next fall we hope to train our second cohort of trainers.

### **WRAP for Vets DVD**

The VISI team has a copy of the new DVD, *Wellness Recovery Action Plan for Veterans and People in the Military* by Mary Ellen Copeland . If you would like to borrow this copy from VISI please contact Patty Breneman at 652-2033. To purchase a copy go to Mary Ellen's website: <http://www.mentalhealthrecovery.com/>

**Developing Screening that Works for Co-occurring Disorders: What Do We Already Know, How Does That Help Us in Vermont and How Can We Figure Out How To Do It**

On October 31, 2008, a workshop on *Developing Screening that Works for Co-occurring Disorders: What Do We Already Know, How Does That Help Us in Vermont and How can we Figure Out How to Do it?* will be held for interested participants such as agency directors, program directors and clinicians. This workshop will focus on screening and assessment of co-occurring conditions as a foundation to comprehensive integrated treatment. This workshop will also focus on efficiencies that will allow busy clinicians to maximize their time and care to benefit the consumer. The workshop trainer will be Rodger Kessler, Ph.D., ABPP, University of Vermont, College of Medicine.

The workshop will be held at the Vermont Enterprise Center in Randolph, VT from 9:30-3:30, but participants are asked to arrive early, as it will begin promptly at 9:30. Registration is free, but those planning to attend, must fill out a pre-training questionnaire, by contacting [PBreneman@vdh.state.vt.us](mailto:PBreneman@vdh.state.vt.us)

**VISI Resources**

Please check out the VISI website at <http://healthvermont.gov/mh/visi/index.aspx>

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us) or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

**VERMONT STATE HOSPITAL**

**Vermont State Hospital Receives Full Accreditation by Nation's Premier Health Care Certification Organization**

Agency of Human Services Secretary, Cynthia D. LaWare, issued the following press release on Friday, September 12, 2008:

Waterbury, VT—By demonstrating compliance with The Joint Commission's national standards for health care quality and safety, the Vermont State Hospital (VSH) has earned The Joint Commission's Gold Seal of Approval.

The Joint Commission is an independent, not-for-profit organization which accredits and certifies more than 15,000 health care organizations and programs in the United States. According to their official website, "Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to certain performance standards."

"I am extremely pleased that The Joint Commission has recognized VSH for the exemplary efforts they have made to continually foster a holistic, patient centered system of care within the facility," said Governor Jim Douglas. "Secretary LaWare, Commissioner Hartman, VSH CEO Terry Rowe and all the VSH staff are to be congratulated for this achievement."

Darlene Christiansen, Executive Director of the Hospital Accreditation Program at the Joint Commission, also praised VSH for their efforts: "Above all, the national standards are intended to stimulate continuous, systematic and organization-wide improvement in an organization's performance and the outcomes of care. The community should be proud that Vermont State Hospital is focusing on the most challenging goal to continuously raise quality and safety to higher levels."

"First and foremost, this accreditation demonstrates the State's strong commitment to ensuring those with the most acute mental health needs receive the highest level of quality care. Accreditation of VSH is also a critically important step in the State's comprehensive Futures Plan to revitalize Vermont's mental health system," added Agency of Human Services Secretary Cynthia D. LaWare. "In addition, this accreditation will favorably position VSH for hospital certification by the Centers for Medicaid and Medicare Services (CMS)."

Michael Hartman, Commissioner of the Department of Mental Health, says accreditation is also evidence of the pride of VSH staff, who have worked hard to ensure a recovery oriented, supportive environment for VSH patients. "This recognition by The Joint Commission is proof of an organization wide commitment to provide quality mental health care to our clients on an ongoing basis."

Founded in 1951, The Joint Commission is dedicated to continuously improving the safety and quality of the nation's health care through voluntary accreditation. The Joint Commission's onsite survey of VSH occurred in May and June.

### ***VERMONT STATE HOSPITAL CENSUS***

The Vermont State Hospital Census was 46 as of midnight Wednesday. The average census for the past 45 days was 45.2